FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

	1. 1. 1. 1.	1		
COMMITTEE NAME (Must be same as on Statement	of Organization)	FO	RM	
Duane McFadden for Supervisor		DI	R-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are report (1) Statewide/Legislative/Judge Standing for Retention Can (4) County Central Committee (5) County Candidate (6) Cubdivision Candidate (8) County PAC (9) City PAC (10) 11) Local Ballot Issue	Candidate (7) School Board or Other Political	For O	The state of the s	
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	Scani	ned	
Office Sought	District (if Senate or House)			
Late reports are subject to possible civil and criminal pen- candidate's committee, and the chairperson, for any other	alties. Pursuant to Iowa Code sections 68B.32A(7 r type of committee, is the individual responsible for	and 68A.4 or filing time	01(3), the can ely and accura	didate, for a te reports.
SIGNATURE OF PERSON FILING REPORT	712 - 248 - 083 TELEPHONE	9 2	-21-/ DATE SI	4 GNED
SIGNATURE OF PERSON FILING REPORT	TELEFITORE		DANGE CONTRACTOR	PROPERTY OF THE PROPERTY OF THE PARTY OF THE
1/19/2015	REPORT FOR (1) ELECTION /	(2)NON-EL	ECTION YE	AR.
I AM FILING A 1/19/2015 (report date)	Indicate by #	2		
CHECK IF AMENDMENT TO REPORT DATED _			ttees, enter Da	te of Election
CHECK IF AMENDMENT TO REPORT DATED		0001		
Check if this is final (termination) report and attack (You must continue to file reports until a DF	h Notice of Dissolution Form DR-3.	County & Loc which Election	cal Committees in is held	, enter County in
STATEMENT OF CASH O	N HAND	A CONTRACTOR OF THE SECOND		
CASH ON HAND at the beginning of the reporting pr	eriod. (Total of all funds held by the	\$	757.51	
ADD TOTAL MONEY TAKEN IN THIS PE				
Schedule A: Cash Contributions total (Atta	ach Schedule A) (*also see in-kind below)			
Schedule F: Loans Received total (Attach	Schedule F)			
Schedule H: Total Sales of Campaign Pro	perty (Attach Schedule H)			
(Schedule H applies to Candida	ates' Committees Only)			
Toolloadio II appare	SUB-TOTAL	\$		
SUBTRACT TOTAL MONEY SPENT THI	S PERIOD			
Schodule B: Expenditures total (Attach S)	chedule B) (**also see debts and loans below).			
Schedule E. Loan Renayments total (Atta	ch Schedule F)		757.51	
Schedule F. Loan Repayments total ((if final report halance must be Zero)	\$	0.00	
CASH ON HAND at the end of this reporting period	(Il linal report balance must be 2519)	<u> </u>	RECEIVED AND ASSESSMENT OF THE PARTY OF THE	DAVE TO SERVE TO SER
**UNPAID BILLS (From Schedule D - Attach Sched	dule D)		22.04	
*IN KIND CONTRIBUTIONS (From Schedule E - A	ttach Schedule E)		33.04	
**OUTSTANDING LOANS (From Schedule F - Atta	ach Schedule F)	\$	VEC	NO
CONSULTANT BREAKDOWN (Schedule G Attack			YES	NO
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Sched	dule H - Attach Schedule H)	\$		
STATE COMMITTEES: Submit a reconciled camp	paign account bank statement in January of each	ch year.		

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization) Duane McFadden for Supervisor	(Rev. 06/97)	IN-KIND CONTRIBUTIONS
Reset For	AMENI	K THIS BOX IF DING FORM

DATE					
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
2/12/2014	Duane McFadden 12310 Ridgemont Drive Urbandale, IA 50323	Self	Loan forgiven	\$ 33.04	
		¥			
_					
			SUB-TOTAL	\$	
			TOTAL (if last	\$ 33.04	
			schedule)		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____ (for Schedule E)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I)

PART II - MONETARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
2/12/2014	Duane McFadden 12310 Ridgemont Drive Urbandale, IA 50323	Self	\$ 757.51

TOTAL CASH REPAYMEN	TS (PART II)	\$ ^{757.31}
From Schedule E TOTAL LOANS FORGIVEN		\$ 33.04
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD		\$ 0.00
disclosure law requires candidate committees to disclose the relationship of any relative aking a contribution to the committee. Relationship must be shown to the third degree of insanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is a same as candidate, but there is no familial relationship, enter "not applicable" in the lationship column when it applies.	Page	of(for Schedule F)